## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effectiv December 8 2004

Application or Docket Number

| 2001010101   |                                      |  |   |   |  |                 |                        | 10,500,700              |                |                            |                        |  |
|--|--------------------------------------|--|---|---|--|-----------------|------------------------|-------------------------|----------------|----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I   |                                      |  |   |   |  |                 | LL EN                  | птΥ                     |                |                            | HER THAN               |  |
| U.S. NATIONAL STAGE FEES   |                                      |  | (Column 1)  |   | (Column 2)   | 7 F             | TYPE                   |                         | OK<br><b>7</b> | SMALL                      | ENTITY                 |  |
| -  |                                      | STAGE PEES                                   |   |   | <del>,                                      </del> | <del></del> ┩┡┷ | ATE                    | FEE                     |                | RATE                       | FEE                    |  |
| BASIC FEE  |                                      |  | SMALL ENT. = \$ 150   |   | LARGE ENT. = \$ 300                                | BASIC           | FEE                    |                         | OR             | BASIC FEE                  | 300                    |  |
| EXAMINATION FEE  |                                      |  | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100  |   | All other situations = \$ 100 / \$ 200             | EXAM            | . FEE                  |                         |                | EXAM. FEE                  | 200                    |  |
| SEARCH FEE   |                                      |  | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$200/\$400                                  |   | All other situations = \$250 / \$500               | SEAR            | CH FEE                 |                         |                | SEARCH FEE                 | 400                    |  |
| FEE FOR EXTRA SPEC. PGS.   |                                      |  | 4 2 minus 100 =   |   | / 50 <del>=</del>                                  | X \$            | 125 =                  |                         | 1.             | X \$ 250 =                 |                        |  |
| TOTAL CHARGEABLE CLAIMS  |                                      |  | 25 minus 20 = .   |   | 5  | X               | 25 =                   |                         | OR             | X \$ 50 =                  | 250                    |  |
| INDEPENDENT CLAIMS   |                                      |  | 3 minus 3 = .   |   | _  | X \$            | 100 =                  |                         | OR             | X \$ 200 =                 | 30                     |  |
| MULTIPLE DEPENDENT CLAIM PRE   |                                      |  | SENT  |   |  | +\$             | 180 =                  | ·                       | OR             | + \$ 360 =                 | -                      |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                      |  |   |   |  | TO              | TAL                    |                         | OR.            | TOTAL                      | 1150                   |  |
| <u>D</u>   | CLAIMS AS AMENDED - PART II          |  |   |   |  |                 | SMALL ENTITY           |                         |                | OTHER THAN<br>SMALL ENTITY |                        |  |
| AMENDMENT A  |                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    | P   | HIGHEST<br>NUMBER<br>REVIOUS<br>PAID FOR  | PRESENT<br>LY EXTRA                                | RATE            | ADDI-<br>TIONAL<br>FEE |                         | RATE           | ADDI-<br>TIONAL<br>FEE     |                        |  |
|  | Total                                | . 92   | Minus **  | <u> 25</u>                                | =  | X \$            | 25 =                   |                         | OR             | X \$ 50 =                  |                        |  |
|  | Independent                          | 3  | Minus ***   | 3   | =  | X \$ 1          | 100 =                  |                         | OR             | X \$ 200 =                 |                        |  |
|  | FIRST PRES                           | ENTATION OF M                                | IULTIPLE DEPEND   | ENT CLA                                   | IM 🔲   | +\$1            | 8,0 =                  |                         | OR             | + \$ 360 =                 |                        |  |
|  |                                      |  |   | •   |  |                 | ADDIT.                 |                         | OR             | TOTAL ADDIT.<br>FEE        |                        |  |
| _  | ••                                   | (Column 1)                                   |   | Column 2                                  | l) (Column 3)                                      |                 |                        |                         |                | 766                        |                        |  |
| AMENDMENT B  |                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    | Pi  | HIGHEST<br>NUMBER<br>REVIOUSL<br>PAID FOR |  | RA              | TE                     | ADDI-<br>TIONAL<br>FEE  |                | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total                                | •  | Minus **  |   | Ė  | X \$ 2          | 25 =                   |                         | OR             | X \$ 50 =                  |                        |  |
|  | Independent                          |  | Minus ***   |   | = · /  | X\$1            | 00 =                   |                         | OR             | X \$ 200 =                 |                        |  |
|  | FIRST PRES                           | ENTATION OF MI                               | ULTIPLE DEPENDE   | NT CLAI                                   | м 🔲  | +\$1            | BO =                   |                         | OR             | + \$ 360 =                 |                        |  |
| ·  |                                      |  |   |   |  |                 | ооп.                   |                         | OR L           | OTAL ADDIT.                |                        |  |
|  |                                      |  | •   | •   |  | · FE            | - L                    |                         |                | FEE                        |                        |  |
| ••••   | one "Highest Nur<br>the "Highest Nur | nber Previously Paid<br>nber Previously Paid | entry in column 2, write<br>For IN THIS SPACE I<br>For IN THIS SPACE I<br>For (Total or Independe | s less than<br>a less than                | '20', enter "20".                                  | the anarrow     | . ·                    | ,<br>a <b>co</b> lumn 4 |                |                            |                        |  |